Vanuatu Government Scholarship Extension Application Form

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Full Name:								
Address:								
Email Address:								
Phone number:								
Student Identification	tion N	umber:						
Institution:								
Program of Study:			1		1			
Original award			_	l award end				
commencement d			date:					
New proposed aw	ard							
end date:								
I wish to apply for	an ex	tension for:						
Summer school		Winter sch	ool	One se	emester	One trimester		
Discouring to the land	Please list below your remaining units, which campus you wish to attend and which mode of							
study you will cho	ose sh	ould your ex	xtension be a	granted.		and which mode of ate whether any units		
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study you will cho will be self-funded Unit Name AG111	Sem 1	ould your ex not governm ester	campus Alufua	granted.	Please also indic	Self-funded		

Please indicate below what measure you took to avoid requiring	g an award extension: (e.g.
trying to complete units in summer school, overloading etc.)	
Please indicate below the supporting documents you have atta	ched to this application:
Complete transcript of academic results: (required)	
Course outline or list of units required to complete your	
program e.g. my program requirements- USP (required):	
Medical reports:	
Counselling reports or psychological assessments:	
Supporting letters from lecturers or tutors:	
Other:	

I declare that I if I am granted an extension I will abide by the directives of the National							
Scholarships and Training Board and will seek to complete my studies within the new award							
time period.							
Name:	Signature:						
OFFICE USE ONLY	OFFICE USE ONLY						
Where do I submit my Extension Application Form:							
Students studying in Fiji:	Email to: Johnson Vora- jvora@vanuatu.gov.vu						
	CC to: bsese@vanuatu.gov.vu						
Students studying outside of Fiji:	Email to: bsese@vanuatu.gov.vu						